

DEPARTMENT OF DEVELOPMENTAL SERVICES  
**Nursing Protocol: Falls # NP 11-1**

**Implementation Date: July 1, 2011**

**Purpose:**

This protocol is designed to reduce the incidence of falls and injuries related to falls.

**Applicability:**

This protocol shall apply to registered nurses employed or contracted by DDS or private agencies licensed or funded by DDS who provide or coordinate care to persons in residential and respite programs, or to persons receiving individual supports or residing in Community Training Homes.

**Definition:**

Fall - An unintentional change in position resulting in coming to rest on the ground or at a lower level.

**Implementation:**

1. Assessment of Risk:
  - a. A fall risk prevention plan (attachment A) shall be done by the RN initially to establish a baseline and at any time there is a change of condition that may impact the fall risk.
  - b. Areas to be assessed include falls history, functional status, medications, underlying illnesses and problems, sensory status, psychological status and environmental status. (attachment B)
  - c. Reassessment shall occur at least annually.
2. Planning:
  - a. The Planning Support Team (PST) in conjunction with the RN shall develop a plan that addresses factors that can be managed or controlled, based on the fall risk prevention plan (attachment A).
  - b. The PST, in conjunction with the RN shall identify the need for further evaluation and assist the individual in securing these evaluations.
3. Implementation:
  - a. The PST shall implement measures approved in planning phase to assist the individual.
  - b. The Post Fall Evaluation (attachment C) will be completed by the staff on duty at the time of the fall.
  - c. The PST, in conjunction with the RN will revise the plan to address factors that may have contributed to the fall and that can be managed and controlled.
4. Evaluation:
  - a. The PST in conjunction with the RN shall evaluate the effectiveness of the plan after any subsequent falls and at least annually.

**Attachments:**

Fall Risk Prevention Plan – Attachment A  
Determining the Existence of Fall Risk Factors – Attachment B  
Post Fall Evaluation Tool – Attachment C

**References:**

CT Nurse Practice Act  
CT State Board of Nursing Examiners Declaratory Ruling  
Job Performance Standards – RN  
Job Performance Standards – LPN  
Health Care Protocols